

Division of Health Service Regulation

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER: FCL001140	(X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING _____	(X3) DATE SURVEY COMPLETED 03/19/2015
NAME OF PROVIDER OR SUPPLIER CREEKVIEW FAMIY CARE HOME		STREET ADDRESS, CITY, STATE, ZIP CODE 3524 DICKEY MILL ROAD MEBANE, NC 27302		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
C 000	Initial Comments Report by Paul Dixon DHSR Construction Section conducted a Biennial Survey on March 19, 2015 from 8:45 AM to 10:10 AM at the above referenced facility. DHSR records indicate the home was first licensed on May 7, 1991 as a Family Care Home for six (6) ambulatory Residents (able to evacuate and respond without any physical or verbal assistance during a fire or other emergency). Based on this information we are requiring the home to maintain compliance with the following: 1991 "Rules for Family Care Homes Minimum and Desired Standards and Regulations", the applicable portions of the 2005 Rules 10A NCAC 13G for Family Care Homes, the 1991 North Carolina State Building Code - Section 514.1 Exception 1 - Residential Care Facilities. At the time of our visit, we cited deficiencies that require an acceptable plan of correction. They are as follows:	C 000		
C 153	Houskeeping And Furnishings-Clean, Repaired SECTION .0300 - THE BUILDING 10A NCAC 13G .0315 HOUSEKEEPING AND FURNISHINGS (a) Each family care home shall: (1) have walls, ceilings, and floors or floor coverings kept clean and in good repair; (2) have no chronic unpleasant odors; (3) have furniture clean and in good repair; (e) This Rule shall apply to new and existing homes. This Rule is not met as evidenced by: In the Kitchen, the cabinet to the left of the range is missing the bottom drawer. Locate and install	C 153		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

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C 153	Continued From page 1 the missing drawer. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	C 153		
C 174	Building Equipment Maintained Safe, Operating SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes. This Rule is not met as evidenced by: 1. The toilet in the rear hall bathroom is loose. Have a qualified individual install a new wax seal and re-install the toilet so that it does not move. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction. 2. The kitchen range hood is missing two (2) light bulbs, the filter is missing, and the fan is very greasy and turning slowly. Have a qualified technician investigate and repair the fan. Have the range hood cleaned and install a grease filter. Install 2 working light bulbs in the range hood. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction. 3. The light fixture in the Den is missing a bulb. Install a working light bulb in the fixture. Proof of	C 174		

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C 174	Continued From page 2 completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction. 4. The light fixture in the Staff Office is missing a bulb. Install a working light bulb in the fixture. Proof of completed work must be provided by way of receipts, invoices, photographs, etc. Forward proof of completed work with you plan of correction.	C 174		